

10-13-06

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	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
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10/	10/16/2006 CCHAU2 00000006 10785266				The	eresa Russek	(Depositor's name)	
	FC:2501			ane	resc Luss	(Signature)		
02	FC:1504	300.00 OP			]	10/12/2006	(Date)	
	APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/785,266	02/24/2004	Douglas A.			07039-658002	3875	
	TITLE OF INVENTION: COBALAMIN CONJUGATES USEFUL AS IMAGING AND THERAPEUTIC AGENTS							
	APPLN. TYPE	SMALL ENTITY	ISSUI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$7	00	\$300	\$1000	10/12/2006	
	EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
	JONES, DAMERON LEVEST		16	1618				
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single				
	Address form PTO/SB/122) attached.  [ ] "Fee Address" indication (or "Fee Address" Indication form attorn				agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2.  3.			
	PLEASE NOTE: Unless a	an assignee is identified below, are USPTO or is being submitted	CE DATA TO BE PRINTED ON THE PATENT (print or type) is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assigns is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE (CITY and STATE OR COUNTRY)					
Mayo Foundation for Medical Education and Research Regents of the University of Minnesota Minneapolis, MN  Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ]							p entity [ ] government	
	4a. The following fee(s) are enclosed:  [X] Issue Fee  [X] Publication Fee (No small entity discount permitted)  [ ] Advance Order - # of Copies				4b. Payment of Fee(s):  [X] A check in the amount of the fee(s) is enclosed.  [] Payment by credit card. Form PTO-2038 is attached.  [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) [ ].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. [ ]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.2.7.								
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	(Authorized Signature)  Typed or Printed Name Teresa A. Lavoie, Ph.D				(Date) October 12, 2006			
					Registration No. <u>.42,782</u>			
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an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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